

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth suited.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 135
Registered No. 162

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township _____ or Village _____
City Globe St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Betty Louise Karjola If child is not yet named, make supplemental report, as directed.

3. Sex of Child

Female To be answered ONLY in event of plural births.

4. Twin, triplet or other

_____ 5. No., in order of birth _____

6. Legitimate?

Yes.

7. Date of birth

Aug. 8, 1930 Month Day Year

8.

Full name FATHER Walter Karjola

9. Residence

(Usual place of abode) Globe
If non-resident, give place and state. Ariz.

10. Color or race

White

11. Age at last birthday

23 (Years)

12. Birthplace (city or place)

Fitchburg, Mass.
(State or country)

13. Occupation

Nature of industry Metal Worker

14.

Full maiden name MOTHER Bernice Elizabeth Dollar

15. Residence

(Usual place of abode) Globe
If non-resident, give place and state. Ariz.

16. Color or race

White

17. Age at last birthday

19 (Years)

18. Birthplace (city or place)

Little Rock, Ark.
(State or country)

19. Occupation

Nature of industry Housewife

20. Number of children of this mother

1
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

1

(b) Born alive but now dead

0

(c) Stillborn

0

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bernice at 6: P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

T. C. Harper Physician
(Physician or Midwife)

Given name added from

a supplemental report

Month, day, year

Address

Globe, Ariz.

Filed

9/8 1930 G. E. Wright Registrar

Registrar

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